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26161

7590

09/22/2006

FISH & RICHARDSON P.C. P.O. Box 1022 Minneapolis, MN 55440-1022

APPLICATION NO.	FILING DATE		FIRST NAME	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/763,392	01/26/2004			Schlüter	14624-003001	4586	
TITLE OF INVENTION: SIDE-PUMPED FIBER LASER							
APPLN. TYPE	SMALL ENTITY	ISSUE	E FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1/	400	\$300	\$1700	12/22/2006	
EXAM	with	ART	<u>τηπτ</u>	CLASS-SUBCLASS	٦		
AL-NAZER			21	CLASS-SUBCLASS	J		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). [] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. [] "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON 1 PLEASE NOTE: Unless an assignce is identified below, no assignce data.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) a will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been cover. Completion of this form is NOT a substitute for filing an assignment.				
previously submitted to the USP 10 of 18 being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY) Trumpf, Inc. Farmington, CT							
Please check the appropriate	assignee category or categories	s (will not be pr	rinted on the pa	utent): [] individual [X] (corporation or other private group	pentity [] government	
4a. The following fee(s) are enclosed: [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [] Advance Order - # of Copies			4b. Payment of Fee(s): [] A check in the amount of the fee(s) is enclosed. [] Payment by credit card, Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050.				
5. Change in Entity Status (from status indicated above) [].a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7. []]b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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· · · · -	Diana DiBerardino/			(Date)	Novembe	November 30, 2006	
Typed or Printed Name D	Diana DiBerardino			Registration No. 45,653			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.							

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